

## Transfer of Medical Records Request to Signal Health Newton

147 Montacute Road, Newton SA 5074

Phone: (08) 8360 9777 | Fax: (08) 8365 6433 | Email: documents@signalhealthnewton.com.au

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### Previous Practice Details

Doctor's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Dear Dr. \_\_\_\_\_,

The patient listed below is now attending Signal Health Newton and has requested a transfer of their medical records.

### Patient information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

### Type of medical records requested

- A complete copy of the patient's medical records       A summary of the patient's medical history.

Please also provide dates of the following (if applicable):

- GP Management Plan (GPMP): \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Team Care Arrangement (TCA): \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Mental Health Care Plan: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 75+ Health Assessment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Appointment Details & Record Transfer Request

If possible, we kindly request that the records be sent before the patient's upcoming appointment to help ensure continuity of care.

The patient is scheduled to attend Signal Health Newton on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

We accept medical records via Best Practice electronic transfer or in hard copy format. If you use a different clinical software, please contact us to discuss transfer options.

### Patient / Guardian Consent

I, \_\_\_\_\_, hereby authorise the release of the medical records requested above to Signal Health Newton.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Please note: Some clinics may charge a fee to transfer your records. This fee will be set by your previous clinic.*